

Multi-County Aging and Disability Resource Centers

Purpose

The Department encourages development of Aging and Disability Resource Centers (ADRCs) serving multi-county regions. This informational bulletin provides guidance for the development of multi-county ADRCs in conjunction with managed care expansion.

Advantages of Multi-County ADRCs

There are several important advantages to multi-county collaboration in providing ADRC services, including:

1. ***Economies of scale and operational efficiencies*** which can be realized in such things as the purchase and operation of a management information system, maintaining a resource database, staff training, marketing, outreach, and development of public information materials. Taking advantage of technology makes it possible to serve the public from one location via the telephone and Internet. Avoiding duplication of administrative functions enables the ADRC to provide more direct service staff in each county.
2. ***Improved quality of services*** when the combined budgets make it possible to hire staff that is specially trained in the various functions of the resource center and in the needs of the different target populations it serves. Maximizing staffing through combined budgets creates the capability to respond quickly to consumer requests for home visits while continuing coverage for telephone conversations and consumer visits to the ADRC.
3. ***Greater consistency in ADRC services*** available to resource center customers from county to county and convenience for consumers who have affiliations with counties other than their county of residence for healthcare, shopping, or social activities on a regular basis.
4. ***Enhanced coordination*** with regional managed care organizations. Service providers and health systems serving multi-county areas will also benefit by having fewer ADRCs with which to interact.

Organizational Models for Multi-County ADRCs

Multi-county ADRCs should be organized to best suit the local situation, consistent with one of the following approaches:

- ***Unified Organization Model***, in which a single ADRC is created to serve a multi-county area. The ADRC is a separate legal entity with its own governing board and staff. The ADRC may have branch offices serving the participating counties.
- ***Consolidated Services Model***, in which participating counties collaborate on service provision and administrative functions of the ADRC. While this model is marketed and operates as a single entity, much of its staff is employed by, and will often work out of offices located in their respective counties. Roles and responsibilities are defined through interagency agreements. Oversight is provided by a steering committee that reports to the county boards and/or commissions on aging in each county.

Expectations for Multi-County ADRCs

1. Multi-county ADRCs have a single governing board, committee or commission that includes representation from each of the participating counties or tribes.
2. Counties and tribes are the building blocks for regional ADRCs. The service area of a regional ADRC includes the entire area of all participating counties. A tribe would need to determine how best to collaborate with counties or other tribes to assure that all tribal members have access to the services of an ADRC.
3. A multi-county ADRC can help citizens understand the differences between managed care plans operating in its service area. The boundaries of an ADRC service area may, but need not, be the same as those of a managed care organization. A regional ADRC may include some counties which have managed long-term care and others which do not.
4. Multi-county ADRCs may provide more convenient access for customers by establishing 'branch' offices within their service areas. Local branches can create a visible presence in the community, provide a place for people to come for in-person assistance, facilitate home visits by ADRC staff, and ensure that staff are familiar with local resources and needs. A multi-county ADRC can assign staff to a particular community regardless of which county is the employer.
5. Multi-county ADRCs provide required services such as information and assistance and long-term care options counseling in a consistent manner throughout the multi-county service area.
6. Multi-county ADRCs maintain a single resource data base to support information and assistance services throughout the multi-county service area. These ADRCs can explain which providers or benefits are available in different localities.
7. Multi-county ADRCs have a client tracking system that permits data to be recorded for ADRC clients throughout the multi-county service area and permits sharing of client information.
8. Multi-county ADRCs produce a single budget and annual expenditure report for the entire multi-county ADRC.
9. The multi-county ADRC has one director, one phone number and one marketing plan, and other shared administrative personnel, thus reducing overhead costs.

Things to Consider in Planning for a Multi-County ADRC

Long-term care reform – including managed care and Aging and Disability Resource Centers, as well as the aging network modernization and other initiatives – is emphasizing regional cooperation and consolidation for cost-effectiveness reasons, for uniformity of benefits statewide, and to improve quality through collaboration. The following are some issues to take into account in planning development of a regional ADRC:

1. **Service Area.** What is a logical grouping of counties and/or tribes for the ADRC? How does the ADRC service area relate to service areas proposed for managed care expansion? To the location and service areas of major regional health care providers? To public perceptions of

regional identity? Does the multi-county area have a sufficiently large customer base to support the ADRC?

2. ***Number and location of 'branch' offices.*** Are there central places where people are accustomed to coming for services? Is having a branch office important for community acceptance and involvement? To minimize travel time for staff doing home visits for information and assistance and long-term care options counseling?
3. ***Organization.*** Which organizational approach – the unified organization or consolidated services model – best fits the local situation? Are there existing ADRCs, Area Agencies on Aging, Independent Living Centers or other organizations which might provide a foundation for development of the new multi-county ADRC? Will the ADRC be expanding on an existing organization or developing something from 'scratch'?
4. ***Shared Vision and Philosophy.*** In order to work well together, the counties and organizations involved in the multi-county ADRC will need to develop a common understanding of the ADRC philosophy, the services to be provided, and the responsibilities of each participating county.
5. ***Business Processes.*** Multi-county ADRCs will need to be able to work effectively with different county systems and business processes, including:
 - Service delivery
 - Information technology
 - Billing and accounting
 - Communication
 - Contracting
6. ***County Involvement and Support.*** How will the planning team explain the value of the concept of a multi-county ADRC to county board members and administrators? How will the ADRC demonstrate what each county will get in return for its participation and financial support?